



**RIIHAN305D Operate a gantry or overhead crane  
*Student Assessment Pack***

Return this document to Sitetrain

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Practical Assessment  
Take 5 Form

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Trainer/Assessor: \_\_\_\_\_

**Student Enrolment Form**

<b>Title:</b>		<b>First Given Name:</b>		<b>Family Name:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<b>Birth Date:</b>		
<b>Home Number:</b>			<b>Mobile Number:</b>		
<b>Email Address:</b>					
<b>Home address:</b>					
<b>Postal address:</b>					
<b>In which country where you born?</b>	<input type="checkbox"/> Australia		<input type="checkbox"/> Other (Please specify):		
<b>What is your highest COMPLETED school level? (Tick ONE box only.)</b>					
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent			<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school		
<b>In which YEAR did you complete school?</b>					
<b>Are you still attending secondary school?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you successfully completed any of the following qualifications?			<input type="checkbox"/> No <input type="checkbox"/> Yes - Bachelor Degree or Higher Degree <input type="checkbox"/> Yes - Advanced Diploma or Associate Degree <input type="checkbox"/> Yes - Diploma (or Associate Diploma) <input type="checkbox"/> Yes - Certificate IV <input type="checkbox"/> Yes - Certificate III (or Trade Certificate) <input type="checkbox"/> Yes - Certificate II <input type="checkbox"/> Yes - Certificate I <input type="checkbox"/> Yes - Certificates other than the above		
<b>Of the following categories, which best describes your current employment status?</b>			<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment		
<b>Do you speak a language other than English at home?</b>			<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes (please specify):
<b>How well do you speak English?</b>			<input type="checkbox"/> Very well <input type="checkbox"/> Well		<input type="checkbox"/> Not well <input type="checkbox"/> Not at all

<b>Are you of Aboriginal or Torres Strait Islander origin? (tick one)</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal		
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander		
<b>Do you identify yourself as having a disability? (Please tick)</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Hearing/Deaf		
<input type="checkbox"/> Yes, Intellectual	<input type="checkbox"/> Yes, Vision		
<input type="checkbox"/> Yes, Learning	<input type="checkbox"/> Yes, Physical		
<input type="checkbox"/> Yes, Medical Condition	<input type="checkbox"/> Yes, Mental Illness		
<input type="checkbox"/> Yes, Acquired brain impairment	<input type="checkbox"/> Other		
<b>Please specify:</b>			
<b>Do you consider that you have adequate literacy and numeracy skills to undertake the course:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not sure
<b>Are you seeking credit for previous training or recognition of prior learning?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not sure
<b>Are there any individual needs you have that we should be aware of, so we take these into account when planning your training:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not sure
If yes, please provide us a little more information:			
<b>Unit or Qualification Name:</b>		RIIHAN305D Operate a gantry or overhead crane	
<b>Start Date:</b>		<b>Finish Date:</b>	
<b>Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only.)</b>			
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion		<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons	
<b>Emergency Contact Name</b>		<b>Mobile Number:</b>	
<b>Phone Number:</b>		<b>Relationship:</b>	

**Unique Student Identifier**

If you're studying nationally recognised training in Australia from 1 January 2015, you will be required to have a Unique Student Identifier (USI). Your USI links to an online account that contains all your training records and results (transcript) that you have completed from 1 January 2015 onwards. Your results from 2015 will be available in your USI account in 2016.

When applying for a job or enrolling in further study, you will often need to provide your training records and results (transcript). One of the main benefits of the USI is the ability to provide students with easy access to their training records and results (transcript) throughout their life. You can access your USI account online from your computer, tablet or smart phone anytime. Fact sheets –available to download [Student Information for the USI](#).

It's free and easy to [create your own USI](#) and will only take a few minutes of your time. Alternatively, we can create your USI on your behalf. To do this we will need some additional identification information from you such as your driver's licence number.

<b>Do you already have a Unique Student Identifier?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
<b>If you have a USI, please write CLEARLY:</b>	USI:
<b>If no, would you like us to create your USI on your behalf?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you give permission for us to search for your USI?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is your Driver's Licence Number?</b>	
<b>What is your Driver's Licence <u>Card Number</u>?</b>	
<b>In what State or Territory was your Driver's Licence issued?</b>	
<b>Town of Birth?</b>	

The *Student Identifiers Act 2014* (s.11) requires RTOs to destroy personal information collected from individuals **solely** for the purpose of applying for a USI. The above information will be destroyed asap.

**Proof of Identity**

Please either provide a referee or your driver's licence details above. **Failure to provide one or the other make it impossible to issue your certificate.**

**Referee Declaration**

I \_\_\_\_\_ can confirm \_\_\_\_\_ identity. I have known this person for  
Referee name    Student name

I reasonable amount of time and can confirm he/she did attend training with Sitetrain on \_\_\_\_\_.  
Date

By signing this declaration, I am confirming the identity of the above student.

\_\_\_\_\_  
Signature of Referee

\_\_\_\_\_  
Date Signed

## Privacy Notice

Under the *Data Provision Requirements 2012*, **Sitetrain** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by **Sitetrain** for statistical, regulatory and research purposes. **Sitetrain** may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

## Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE ..... DATE .....

PARENT/GUARDIAN SIGNATURE..... DATE .....

*\*Parental/guardian consent is required for all students under the age of 18.*

<b>Employer Name:</b>			
<b>Contact Name:</b>			
<b>Phone Number:</b>		<b>Fax number:</b>	
<b>Workplace address:</b>			
<b>Workplace address:</b>			

**Enrolling student**

By signing this form, I certify that the information provided is true and correct. I further certify that:

- I have reviewed the Student Handbook supplied to me and have been informed about my rights and obligations.
- I have reviewed the Schedule of Fees and Payments and have been informed of the refund policy, if applicable.
- I have reviewed the relevant course brochure and have been informed of the training and assessment services to be provided and the units of competency to be completed.
- The information I have provided in this form is true and correct.
- By signing I confirm that the work I have supplied is my own.
- I agree that I am physically able to meet the requirements of this course and understand that I hold the trainer or RTO responsible for injury or illness that occurs from this training
- I have adequate language, numeracy and literacy skills to complete the course as specified in the student information.
- I understand the USI requirements and have had this explained to me and been provided a fact sheet. I also understand that by not providing a USI I am aware I will not receive a certificate for this training.
- I understand and give consent that my employer be given a copy of my certificate.
- I did/will complete all work myself.
- I understand it is an entry requirement that I am existing worker in Construction, Industrial, Building, Mining or Local Councils and has completed industry and on-site workplace health and safety induction training. I can confirm this is the case and authorise Sitetrain to contact my employer to confirm if necessary.

Full name: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Theory Questionnaire Answer Sheet**





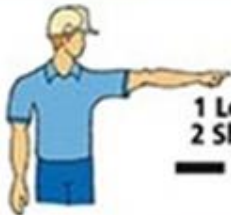


Q	a)	b)	c)	d)
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	TRUE		FALSE	
4.	TRUE		FALSE	
5.	WWL:			
	SWL:			
	FSWR:			
	Bridle Sling:			
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	<b>Equipment</b>	<b>Defect 1</b>	<b>Defect 2</b>	<b>Defect 3</b>
	Synthetic Flat Slings			
	FSWR Sling			
	Chain Sling			
	Crane Hook			
10.	1.			
	2.			
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.				
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q	a)	b)	c)	d)
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18.

# HAND SIGNALS

(Note: Signals based on Australian Standard AS 2550.1-2002)

Motion	Hand Signal	Whistle, bell or buzzer signal	Motion	Hand Signal	Whistle, bell or buzzer signal
		2 short ● ●			1 long —
		1 Long 1 Short — ●			1 Long 2 Short — ● ●
		Not Applicable			1 short ●

Creep speed: Appropriate hand signal for motion with hand clenching and unclenching

19.				
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20.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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## Performance Assessment Task 2

Pre-Start Checklist 1<sup>st</sup> Occasion

Crane Number \_\_\_\_\_ Date: \_\_\_\_\_ Shift: Day/Night.

### Walk-Around Inspection

Checked:

- 1. Isolation switch-not tagged. ....
- 2. Emergency Stop switch for operation. ....
- 3. Pendant control for damage. ....
- 4. Beams and runways for obstructions or damages. ....
- 5. Electrical connections security.....
- 6. Collectors and bus bars for security.....
- 7. Pendant controls for function. ....
- 8. Limit switches for function (upper & lower + directional if fitted). ....
- 9. Hoist drum and SWR for damage and security (Wedge & Socket). ....
- 10. Hook Block for damage and SWL.....
- 11. Braking for Operation (cross travel and long travel). ....
- 12. Check Lifting Gear. ....

Inspected by Name: \_\_\_\_\_ Date: \_\_\_\_\_

Crane OK/Needs Attention (if it needs attention and is not safe to use, place Tag on isolator and report to your supervisor)

Trainer: \_\_\_\_\_ Signature: \_\_\_\_\_

Completed adequately:      **Yes**                      **No**

## Performance Assessment Task 2 Continued

Pre-Start Checklist 2nd Occasion

Crane Number \_\_\_\_\_ Date: \_\_\_\_\_ Shift: Day/Night.

### Walk-Around Inspection

Checked:

- 1. Isolation switch-not tagged. ....
- 2. Emergency Stop switch for operation. ....
- 3. Pendant control for damage. ....
- 4. Beams and runways for obstructions or damages. ....
- 5. Electrical connections security.....
- 6. Collectors and bus bars for security.....
- 7. Pendant controls for function. ....
- 8. Limit switches for function (upper & lower + directional if fitted).....
- 9. Hoist drum and SWR for damage and security (Wedge & Socket). ....
- 10. Hook Block for damage and SWL.....
- 11. Braking for Operation (cross travel and long travel).....
- 12. Check Lifting Gear. ....

Inspected by Name: \_\_\_\_\_ Date: \_\_\_\_\_

Crane OK/Needs Attention (if it needs attention and is not safe to use, place Tag on isolator and report to your supervisor)

Trainer: \_\_\_\_\_ Signature: \_\_\_\_\_

Completed adequately:      **Yes**                      **No**

# SITETRAIN *take 5*

Name:

Date:

**Job Description:**

## Principal Hazard Standard

Controls in place?

	Yes	No
<input type="checkbox"/> Classified Plant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elevated Work Platforms	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Working at Heights	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cranes and Lifting	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Explosives	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ground Control	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Isolation and Tagging	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Permit to Work	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Plant and Equipment Guarding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tooling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tyre Management	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vehicles and Driving	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Confined Space	<input type="checkbox"/>	<input type="checkbox"/>

If you ticked YES, write the control on the back of this sheet

If you ticked NO, complete a JHA before you start this task



***What Can hurt me?  
What are the Controls?  
Are They in Place?***

**Principal Hazard**

**Controls in place**



***What Can hurt me?  
What are the Controls?  
Are They in Place?***



## Performance Assessment 1

Venue	Assessor		
<b>Performance Requirements</b>		<b>YES</b>	<b>NO</b>
<b>During the performance assessment the candidate:</b>			
<p><b>Planning and preparing</b></p> <ul style="list-style-type: none"> <li>Locates and applies relevant documentation, policies and procedures applicable for gantry / overheads operational area.</li> <li>Locates site-based pre-start checklist for the overhead crane.</li> <li>Locates control pendant (if remote).</li> <li>Locates, tests and wears appropriate two-way communication device.</li> <li>Identifies and selects PPE required for gantry / overhead crane operation and the operational area where the crane is located.</li> <li>Ensures barricades and signs are erected in lifting area.</li> <li>Conducts a hazard assessment of the operational area.</li> </ul> <p>Name 2 Hazards you have identified or that could be present during the operation of the crane?</p> <p>Hazard 1</p> <p>Hazard 2</p> <p><b>One hazard should relate to environmental impact</b></p> <ul style="list-style-type: none"> <li>Implements adequate controls for any hazards identified.</li> </ul> <p><b>Contingency Questions</b></p> <p>Q1 What are 2 ways you can access equipment characteristics, technical capabilities, and limitations?</p> <p><b>A - OEM Manual and Information, Maintenance personnel, Internet</b></p> <p>Q2. What document would you need to read if you had to deal with a chemical you are unfamiliar with?</p> <p><b>A – Safety Data Sheet (SDS)</b></p> <p>Q3 Where can you access information regarding high risk work licenses?</p> <p><b>A -Internet on the state Worksafe website, training officer/ advisor</b></p>			

<b>Communications And Working With Others</b>		
<b>Performance Requirements</b>	<b>YES</b>	<b>NO</b>
<b>During the performance assessments the candidate:</b>		
<p><b>Communicating with others. Conducted during Task 1 and Task 2.</b></p> <ul style="list-style-type: none"> <li>Communicates with others by varied means (radio, signage, verbal, listens for confirmation and understanding from others)</li> <li>maintaining all written and verbal reporting requirements and procedures for the safe operation of the gantry / overhead crane.</li> <li>Follows good radio communication etiquette (waits 3 seconds before talking, speaks clearly, confirms understanding of any radio communications).</li> </ul> <p><b>Contingency Questions</b></p> <p>Q4. What would you do if you could not decipher the instruction given to you by a second person in relation to overhead crane operation's?</p> <p><b>A – STOP and ask for clarification on the instruction before proceeding.</b></p>		
Comments		
<b>Candidate</b>	<b>Signature</b>	<b>Date</b>
<b>Trainer</b>	<b>Signature</b>	<b>Date</b>

## Performance Assessment 2 - Tasks 2 & 3

Venue		Assessor Name			
Crane Type Task 1:		Load shifted			
Crane Type Task 2:		Load shifted			
<b>Performance Requirements</b>		Yes	No	Yes	No
<b>During the performance assessment the candidate:</b>					
<b>Performance Assessment Task 2 – Conduct pre-start checks, assess load, lift, move and place load, park up crane to manufacturer requirements and conduct post operational checks x 2 (Must be completed twice)</b>					
<b>Pre-start checks</b> <ul style="list-style-type: none"> <li>Locates crane isolator and applies danger tag and lock (if required to access crane information plate or crane head).</li> <li>Perform pre-start checks (must complete and submit the Pre-Start form in the Student assessment pack or use site-based pre-start checklist).</li> <li>Conduct pre-use inspection of lifting equipment (chains, shackles, eye bolts, hooks, soft slings, lifting frames).</li> <li>De-isolates crane isolator and checks area around crane before powering up.</li> <li>Start-up operations (check all movements to 100% of their abilities, checks operational).</li> <li>Addresses faults found using site policies and procedures (if identified).</li> <li>Selects and uses relevant tools and equipment / lifting devices.</li> <li>Identifies the weight and volume of the load (SWL, calculation, estimation) of load.</li> <li>Correct selection of lifting equipment for the material being lifted.</li> <li>Identifies lifting points correctly.</li> <li>Attaches hardware correctly, ensures it is secure, hooks OUT, latches home and hooks free to move.</li> </ul>					
<b>Operating crane controls to lift, transfer and lower loads.</b> <ul style="list-style-type: none"> <li>Hook is located over load centre.</li> <li>Lifting gear is raised slowly and tension is placed on load and gear, checking 100% hook up has been maintained.</li> <li>Load is lifted slightly off the ground.</li> <li>Load holding break is tested, by halting the raise. (lowers load to ground if test fails).</li> <li>Lifts load with minimum load swing.</li> <li>Manoeuvres crane around obstacles in the travel path.</li> <li>Uses multiple speeds to control load swing or can demonstrate “catching the load” if older type braking system is in place.</li> <li>Places down load in designated location.</li> <li>Unhooks slings and stores correctly.</li> </ul>					
Comments:					
Candidate		Signature		Date	
Trainer		Signature		Date	
Rev Date: 23/03/2021	Doc ID: 06. RIIHAN305D Student Enrolment Theory Answers & Practical V7	Version #: 7	Approved By: D Palazzi	Date Approved: 23/03/2021	Page 15 of 19
Doc Location: <a href="#">Dropbox\SITETRAIN\Resources\RII30415 Certificate III Resource Processing\Group C\RIIHAN305D Operate a Gantry or Overhead Crane\Assessment Documentation</a>					

### Performance Assessment 3

Venue		Assessor	
<b>Performance Requirements</b>		<b>YES</b>	<b>NO</b>
<b>During the performance assessment the candidate:</b>			
<b>Completing Operations</b> <ul style="list-style-type: none"> <li>Returns crane back to resting position, with hook raised to correct height as per manufacturer requirements.</li> <li>Conducts basic visual post operational inspection of crane and area.</li> <li>Locks crane structure into resting position (if required).</li> <li>Correctly identifies lubrication requirements for rope / chain, drum bearings, hook latches.</li> <li>Identifies the correct location for hydrocarbon disposal (fluids, grease, rags soiled or contaminated items).</li> </ul> <b>Contingency Questions</b> Q5 What action would you take if the crane rope is bird caged or dented? <b>A – Tag the crane Out of Service and do not use.</b>			
Comments			
<b>Candidate</b>	<b>Signature</b>	<b>Date</b>	
<b>Trainer</b>	<b>Signature</b>	<b>Date</b>	



## Assessment Summary Report

<b>Units of Competency</b>	RIIHAN305D Operate gantry or overhead crane	
<b>The learner demonstrated the required skills and knowledge during the following assessment tasks</b>	<b>Satisfactory</b>	<b>Not satisfactory</b>
<b>Theory Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance Assessment 1 – Plan and prepare of gantry / overhead crane operations.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance Assessment 2 – 1<sup>st</sup> Occasion - Conduct pre-start checks, asses load, lift, move and place load, park up crane to manufacturer requirements and conduct post operational checks.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance Assessment 2 – 2<sup>nd</sup> Occasion - Conduct pre-start checks, asses load, lift, move and place load, park up crane to manufacturer requirements and conduct post operational checks.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance Assessment 3 – Complete overhead crane operations.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pre-Start Checklists x 2</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Field level risk assessment x 1</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall assessment</b>	<b>Competent</b>	<b>Not Yet Competent</b>
<b>Overall the learner is assessed as</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date overall assessment outcomes achieved:</b>		
<b>Feedback to the learner on their performance and results:</b>		
<p><b>By signing this document, the trainer declares that:</b></p> <ul style="list-style-type: none"> <li>• I have sighted the students’ proof of identity or have confirmed a referee has been provided.</li> <li>• I have conducted the assessment with the student according to the training package guidelines and the training and assessment strategy.</li> <li>• The assessment evidence is valid, sufficient, authentic, and current.</li> <li>• The assessment practice is fair, flexible, valid, and reliable.</li> <li>• I have provided feedback written above to student.</li> </ul> <p>By signing below, I confirm that the student has demonstrated competency.</p>		
<b>Assessor Name:</b>	<b>Assessor Signature:</b>	
<p>Where the student did not achieve competency, detail of reassessment should be recorded below, and reassessment form should be completed. Both reassessment and student pack need to be returned to Sitetrain once competency has been reached.</p> <p>Sitetrain must be notified if student did not achieve competency and requires reassessment. Notification via email or phone at time of course is required.</p>		

**Co-Assessment Record – Office Use Only**

<b>Units of Competency</b>	RIIHAN305D Operate gantry or overhead crane				
<b>Check the following aspects and ensure they have been completed correctly</b>	<b>Satisfactory</b>	<b>Not satisfactory</b>			
Theory Assessment	<input type="checkbox"/>	<input type="checkbox"/>			
Performance Assessment 1 – Complete and adequate	<input type="checkbox"/>	<input type="checkbox"/>			
Performance Assessment 2 <b>1<sup>st</sup> Occasion</b> - Complete and adequate	<input type="checkbox"/>	<input type="checkbox"/>			
Performance Assessment 2 <b>2<sup>nd</sup> Occasion</b> - Complete and adequate	<input type="checkbox"/>	<input type="checkbox"/>			
Performance Assessment 3 – Complete overhead crane operations.	<input type="checkbox"/>	<input type="checkbox"/>			
Pre-Start Checklists x 2 completed and adequate.	<input type="checkbox"/>	<input type="checkbox"/>			
Field level risk assessment x 1	<input type="checkbox"/>	<input type="checkbox"/>			
Attendance Sheet	<input type="checkbox"/>	<input type="checkbox"/>			
Venue Checklist	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Overall assessment (Agree or not agree)</b>	<b>Competent</b>	<b>Not Yet Competent</b>			
<b>Overall the learner is assessed as:</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Comments regarding decision if against trainer’s initial assessment: WHY</b>					
What is required? Was paperwork returned to trainer and why?					
<b>Overall assessment (Agree or not agree)</b>	<b>Competent</b>	<b>Not Yet Competent</b>			
<b>Overall the learner is assessed as:</b>	<input type="checkbox"/>	<input type="checkbox"/>			
CEO Co-signature: Damien Palazzi		Date of Co-Assessment:			
<b>Issue Certificate</b>	<b>YES</b>	<b>NO</b>	<b>Date Issued</b>		
Notes: Was certificate issued within 30 days of date of co assessment: Yes/No If no please give details					
Rev Date: 23/03/2021	Doc ID: 06. RIIHAN305D Student Enrolment Theory Answers & Practical V7	Version #: 7	Approved By: D Palazzi	Date Approved: 23/03/2021	Page 18 of 19
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**Testimonial:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

**We greatly appreciate testimonials, from our students, we also understand if you do not wish to provide a testimonial.**